



## Instructor Fee and/or Travel Expenses Claim for Reimbursement

**\*\*Separate Claim Reimbursement Form Required for Each Academy\*\***

**Fill out both sides of form.**

(50072) [ ] Patrol (50172) [ ] In-Service (50272) [ ] Detention (50372) [ ] Dispatch (50472) [ ] Correction (50772) [ ] Adult Misd Probation

Contract Number: \_\_\_\_\_ Date of Claim: \_\_\_\_\_ **TOTAL REIMBURSEMENT \$** \_\_\_\_\_  
(Total Travel + Total Instructor Fee)

Instructor: \_\_\_\_\_ Department: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Social Security: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### INSTRUCTOR FEES

Date	Subject Taught	Location	From (Civilian Time)	To (Civilian Time)	Hours

Wage per hour X Total hours = **TOTAL INSTRUCTOR FEE**

\$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_

Travel Expense on back page.

Back page must be signed and dated.

- [ ] Instructor
- [ ] Scenario Role Player
- [ ] Scenario Dispatcher
- [ ] Scenario Assistant Grader
- [ ] Scenario Grader

**(Use separate reimbursement form for each role.)**

## TRAVEL EXPENSES

**\*Travel Times and Meal Allowances:**

**Breakfast:** If the actual departure time is 7:00 a.m. or before, or if the return time is 8:00 a.m. or after. (\$7.50)

**Lunch:** If the actual departure time is 11:00 a.m. or before, or if the return time is 2:00 p.m. or after. (\$10.50)

**Dinner:** If the actual departure time is 5:00 p.m. or before, or if the return time is 7:00 p.m. or after. (\$16.50)

**\* If cafeteria is available for dinner, reimbursement will be at cafeteria rate of \$7.50.**

If your city is not on the Idaho Transportation Department State Travel Mileage chart, odometer readings must be used for reimbursement.

**The mileage from home must be 15 miles or more one way to be eligible for reimbursement.**

Vehicle License Plate # \_\_\_\_\_

[illegible]

Miles = \_\_\_\_\_ Vicinity Miles = \_\_\_\_\_

Miles + Vicinity Miles = \_\_\_\_\_

Total Miles @ .455/mile \$\_\_\_\_\_ Total Meals \$\_\_\_\_\_

**TOTAL TRAVEL \$** \_\_\_\_\_ + **TOTAL INSTRUCTOR FEE \$** \_\_\_\_\_ = **TOTAL REIMBURSEMENT \$** \_\_\_\_\_  
                              (5990)                                     (5170)

I hereby certify that the above instruction was performed; that such travel was necessary; and the amounts claimed are legally due. It is agreed that claimant performed the above services as an independent contractor and no employee - employer relationship is established. Further, the above services were performed with full knowledge and consent of claimant's regular employer.

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

700 South Stratford Drive, Meridian, ID 83642 Phone: 208-884-7250 or 208-884-7292, Fax: 208-884-7309

Web site: <http://www.idaho-post.org/forms.htm>